

FEE \$	10.00
TCP \$	—
SIF \$	—

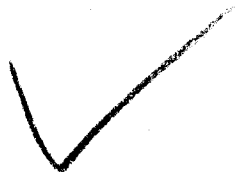


BLDG PERMIT NO. 61134

4-2860-06-0

PLANNING CLEARANCE

(Single Family Residential and Accessory Structures)
Community Development Department



BLDG ADDRESS 310 PINON ST. TAX SCHEDULE NO. 2945-243-16-005

SUBDIVISION CLOCK SQ. FT. OF PROPOSED BLDG(S)/ADDITION 768 #

FILING — BLK — LOT 1 SQ. FT. OF EXISTING BLDG(S) 952 #

(1) OWNER MIKE WELLS / CONNIE BAKER NO. OF DWELLING UNITS
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) ADDRESS 310 PINON STREET NO. OF BLDGS ON PARCEL
 BEFORE: 1 AFTER: 1 THIS CONSTRUCTION

(1) TELEPHONE 255-8491 USE OF EXISTING BLDGS home-

(2) APPLICANT SAME DESCRIPTION OF WORK AND INTENDED USE:
ADDITION OF KITCHEN & GARAGE

(2) ADDRESS _____
 (2) TELEPHONE _____

REQUIRED: One plot plan, on 8 1/2" x 11" paper, showing all existing & proposed structure location(s), parking, setbacks to all property lines, ingress/egress to the property, driveway location & width & all easements & rights-of-way which abut the parcel.

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DEPARTMENT STAFF

ZONE RSF-8 Maximum coverage of lot by structures 45%

SETBACKS: Front 20' from property line (PL)
 or 45' from center of ROW, whichever is greater Parking Req'mt _____

Side 5' from PL Rear 15' from PL Special Conditions _____

Maximum Height 32' CENSUS 13 TRAFFIC 80 ANN# _____

Modifications to this Planning Clearance must be approved, in writing, by the Director of the Community Development Department. The structure authorized by this application cannot be occupied until a final inspection has been completed and a Certificate of Occupancy has been issued by the Building Department (Section 305, Uniform Building Code).

I hereby acknowledge that I have read this application and the information is correct; I agree to comply with any and all codes, ordinances, laws, regulations or restrictions which apply to the project. I understand that failure to comply shall result in legal action, which may include but not necessarily be limited to non-use of the building(s).

Applicant Signature Mike J. Wells Date 7/8/97

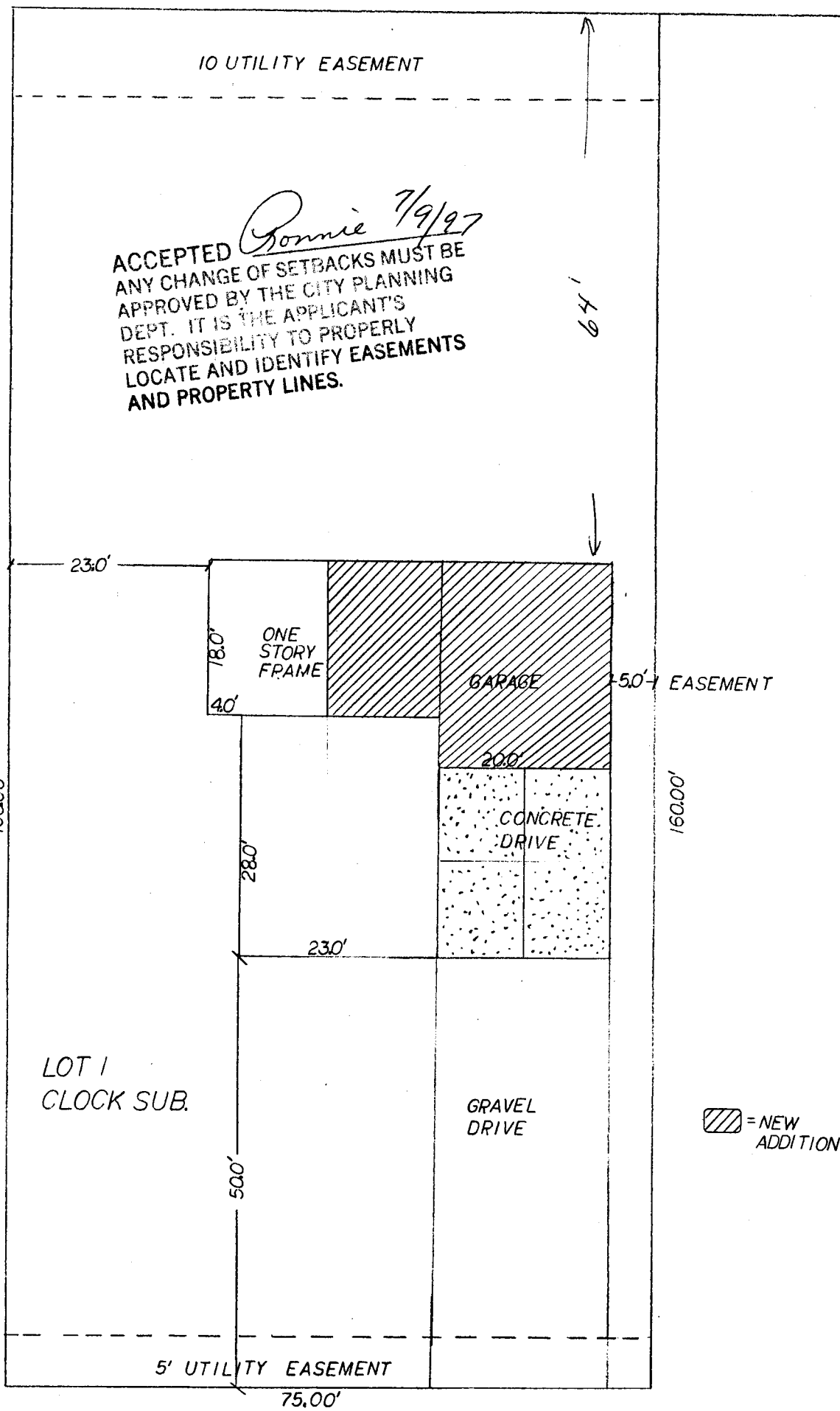
Department Approval Ronnie Edwards Date 7/9/97

Additional water and/or sewer tap fee(s) are required: YES _____ NO W/O No. _____

Utility Accounting Edwards Date 7-9-97

VALID FOR SIX MONTHS FROM DATE OF ISSUANCE (Section 9-3-2C Grand Junction Zoning & Development Code)

(White: Planning) (Yellow: Customer) (Pink: Building Department) (Goldenrod: Utility Accounting)



PINON STREET/PLOT PLAN